

MEDICAL SOCIETIES.

California Academy of Medicine.

Meeting held in San Francisco, October 25, 1904. The President, Dr. T. W. Huntington, being in the Chair.

Posture in the Treatment of Disease.

Dr. C. M. Cooper stated that patients frequently assume attitudes which are more or less beneficial to themselves; as for example, when an inflamed joint is immobilized by reflex muscular contraction, or when by a more volitional process, the chin-in-hand attitude is assumed in diseases of the cervical vertebrae. In other cases, an ignorance as to the nature of his disease does not permit the patient to reason out what would be the most advantageous posture to assume, and in these cases the physician should prescribe the attitude.

The value of a low position of the head in the treatment of the syncope caused by cerebral anaemia is universally recognized. It also seems logical, and has apparently been beneficial to employ a similar inverted posture in treating more chronic conditions of cerebral anaemia; e. g., the anaemic insomnia of aortic regurgitation. Conversely a relatively erect position is advantageous in the treatment of congestive headaches, such as may occur in the early stages of cerebral inflammations, and in the treatment of the sleeplessness due to cerebral hyperaemia. Possibly also, the nocturnal headaches of many syphilitics and the nocturnal attacks of epilepsy are in some measure due to the relative congestion of the brain, occasioned by a lying posture. Possibly also, we may be able to influence the spread of inflammatory processes in the spinal meninges and in the spinal cord by elevating the foot or the head of the patient, and so in this manner we may be able to protect important structures from involvement in the disease.

The erect sitting posture assumed by patients with severe cardiac affections, is probably of direct advantage to them, and it should be tried more often in the earlier stages of the disease. Frequently it can be shown that the heart rate becomes slower in this position. The tracheal symptoms of aortic aneurysm may be relieved by having the patient lie face downward with a pillow under his chest, below the seat of the aneurysm. In pleurisy and pneumonia it is possible that the erect posture would tend to prevent the spread of the disease upward.

The nocturnal frequency of gall-stone colics may be due to the fact that when the patient is lying on his back the mouth of the gall bladder is at a lower level than is the fundus. Attacks of gall-stone colic have been aborted by having the patient assume the knee-chest position, thus favoring the falling back of stones from the neck into the fundus of the gall bladder. Possibly also renal colic could be thus aborted if the foot of the bed were elevated and the patient lay on the affected side. A right lateral position in appendicitis would tend to localize the inflammatory process to a comparatively favorable locality. A right lateral inverted posture should be tried in the treatment of dilatation of the stomach for this posture would aid in emptying the organ.

Dr. Rixford referred to a case described by Macewen where the patient said that he could not lie down. On being induced to do so by the physician, he died suddenly, and at autopsy a clot was found in the brain which had slipped down in the recumbent posture and caused death. The relief afforded by the sitting posture in cardiac disease is probably due to the fact that when the patient lies down, the abdominal contents press upon the overworked heart. In the Trendelenberg position, it is of advantage to place a pillow under the shoulders in order to render the abdominal wall less tense. When the patient, with a dilated stomach, is told to lie upon his right

side for the purposes of better drainage, we should remember that unless the contents of the stomach are heavier than are other abdominal structures, they will not sink to the pylorus, but will be pressed up by these other structures.

Dr. Sherman questioned the advantage of Dr. Rixford's modification of the Trendelenberg position for it would tend to interfere with respiration. The hand-in-chin position assumed by patients with cervical caries can hardly be called a voluntary position for the patients can not reason out its mechanical advantages. He would be inclined to regard it as a reflex.

Dr. Carpenter stated that he had seen patients with hydronephrosis who suffered considerable pain in the back when lying down, but in whom this pain could be relieved by elevating the head of the bed so as to favor drainage of the sac.

Dr. Cooper said that the Trendelenberg position was not without danger and had caused death. The characteristic position assumed by patients with cervical caries is not a reflex, but is voluntary. The patient himself has learned that this position relieves his pain, even though he does not understand why it should do so. When the individual with a dilated stomach lies upon his right side, the fluid in the stomach comes in contact with the pyloric region and so causes reflex peristaltic movements which tend to empty the stomach.

Remarks on the Diagnosis and Treatment of Fractures of the Neck of the Femur.

Dr. H. H. Sherman reported several cases of injuries about the hip which illustrate the importance of a special symptom, viz., the inability of the patient to lift his foot off the table when lying on his back. In two of these cases this was almost the only important symptom pointing to a fracture of the neck of the femur. In a third case of hip injury, the symptoms, however, comparatively little attention was paid to it and subsequent events showed that both patients had had impacted fractures of the neck of the femur. In the third case of hip injury, the patient could lift his foot from the table and the X-ray showed no fracture. Great care should be taken in all cases not to do violence to a femur, which is the seat of a supposed fracture, for an impacted fracture may easily be converted into an unimpacted one by manipulation. For this reason an examination should never be made under an anaesthetic.

In the operative treatment of ununited fractures of the neck of the femur, it is extremely difficult to drive a nail into the head and to obtain a good alignment. Furthermore, as a rule, only fibrous union is obtained. In two children who had been operated upon, it was found that the shortening of the leg gradually increased and a coxa vara developed probably on account of a fibrous union of the fragments.

Dr. Rixford stated that the effort to lift the foot off the table necessarily brought considerable strain upon the fragments on account of the great leverage involved. For this reason he would hesitate to use the test described by Dr. Sherman. A symptom of considerable importance in fractures of the neck of the femur, is the relaxation of the fascia lata above the great trochanter. He has operated upon one case of ununited fracture of the neck and obtained a good result.

Dr. Hunkin, in reply to Dr. Rixford, stated that if the patient had a fracture of the neck, he would not attempt to lift the heel off the table, so that there is no danger in the test. Personally he believes that the test is a good one. Other important diagnostic points are the local tenderness and the pain on slight rocking movement of the joint. The shortening of the extremity which occurred in the cases of the children operated upon was perhaps caused by an injury to the epiphyseal line.

Dr. Sherman stated that early operation in cases of fracture of the neck of the femur was not justified. The fracture is not usually at the epiphyseal line so that it should not interfere with the growth of the bone.

A. W. HEWLETT, Secretary.

Redlands Medical Society.

The regular monthly meeting of the Redlands Medical Society, was held in the Y. M. C. A. parlors, on Wednesday afternoon, October 19th, 1904. The members present were Drs. Evans, Browning, Tyler, Pounds, Strong, Major, Payton, Taltavall, Moseley, Wheat, Blythe, Sanborn and Shreck. Dr. J. L. Avey was a visitor. After the reading of the minutes of the June meeting, the president, Dr. Payton, referred feelingly to the bereavement of Drs. Moore and Taltavall, who recently lost their wives by death, and, in accordance with the vote of the society, appointed Drs. Major, Moseley and Strong a committee to draft resolutions of sympathy and respect. The matter of entertaining the Foothill Medical Circle, which is composed of the medical societies of Pomona, Redlands and Riverside, and which meets in Redlands on November 16th, was brought up, and, after some discussion, it was decided to leave the whole matter in charge of a committee of arrangements, consisting of Drs. Moseley, Blythe and Payton, with full power to act. Dr. Tyler was appointed a committee of one to have charge of the financial arrangements. Dr. Browning, the president of the San Bernardino County Medical Society, announced that the annual dues of the State Medical Society had been raised to \$2.00. Dr. Pounds read an interesting paper on "The Use and Abuse of Forceps and Chloroform in Labor." The author deprecated the tendency to a too hasty resort to these valuable obstetric aids, and pleaded for more conservatism in their use, contending that many cases of labor would terminate more favorably if left to nature. The paper was discussed by Drs. Browning, Major, Avey, Strong, Blythe, Shreck, Wheat and Payton, who agreed in the main with Dr. Pounds. The application of Dr. J. L. Avey for membership was referred to the Board of Censors. Dr. Pounds exhibited a cancerous uterus removed at a very early stage, with a microscopical section showing the malignant nature of the new growth. Dr. Strong exhibited ovaries and tubes removed from a patient for ovarian abscess.

WM. A. TALTAVAL, Secretary.

Fourth Pan-American Medical Congress.

The Congress will be held at Panama, January 2nd to 6th, 1905. California physicians desiring to attend will have to leave San Francisco December 10th, arriving at Panama January 1st; returning, they can leave Panama January 10th, reaching San Francisco February 2nd. California has been rather unusually favored in the selection of the various secretaries. Dr. H. Bert. Ellis, of Los Angeles, is secretary of the section on Ophthalmology; Dr. George Goodfellow, San Francisco, secretary of section on Military Surgery; Dr. D. W. Montgomery, San Francisco, secretary of the section on Dermatology.

Dr. Rudolph Matas, secretary of section of General Surgery for the United States, asks those who wish to contribute papers to send titles to him at No. 2255 St. Charles ave., New Orleans. He also announces that the United Fruit Company's agents are offering as a special inducement to American "Congressistas" a reduction of the regular fare for the round-trip from New Orleans to the Isthmus to \$50.00, that is, \$25.00 each way. The steamers leave New Orleans every Friday: the last steamer to leave New Orleans in time for the opening of the Congress will sail on December 30, 1904, at 11 A. M. It takes about four and one-half days to reach Colon, and seven days on the return trip on account of a stop-over at Port Limon, where ample opportunity is given to tourists

to visit San Jose, the beautiful capital of Costa Rica—"the Paris of Central America"—where the most picturesque tropical scenery can be seen at this season, under the most favorable conditions.

PUBLIC HEALTH ASSOCIATION.

The California Public Health Association held a meeting in San Francisco on October 29th. The sessions were held in the assembly room of the Board of Health in the City Hall. A banquet was given the members by Dr. J. W. Ward, the president of the local Board of Health, at the Palace Hotel.

The following was the program: "Sanitary Legislation," Hon. W. I. Foley of Los Angeles; "Prevention of Typhoid Fever," Dr. Geo. F. Reinhardt of Berkeley; "Observations While Traveling," Dr. R. L. Wilbur of Stanford; "Modern State Hospital Sanitation," Dr. Kelley of Agnews; "Flies as Carriers of Contagion," Dr. Geo. H. Aiken of Fresno; "Medical Inspection of Schools," Dr. Edward von Adelung of Oakland; "Milk," Dr. D. F. Ragan of San Francisco; "Service in the Laboratories of Municipal Health Boards" (Post Prandial), Dr. J. W. Ward of San Francisco.

The officers of the association are: Dr. Lemoyne Wills, president; Dr. Thos. Ross, vice-president; Dr. N. K. Foster, secretary-treasurer.

Executive Committee, Dr. Edward von Adelung, chairman, 1068 Broadway, Oakland; Dr. N. K. Foster, Dr. William Simpson, Dr. D. F. Ragan.

XVth International Congress of Medicine (Lisbon, April, 1906). We have received the second and third numbers of the *Journal of the XVth International Congress of Medicine*, Lisbon, 1906. They contain the report of the actual affairs and the most important resolutions of the Central Committee. It is to be pointed out the Colonial Exposition that will be organized at the moment of the congress and the inquiry about the Pellagra in Portugal, an enterprise undertaken by the section of psychiatry. In the two numbers there is a list of the subjects of official reports, with the names of the authors that accepted the charge. In every section there is also a list of recommended themes for free communications. Lastly, the *Journal* publishes the list of the national committees of the several countries where they are already constituted—nearly all.

Mississippi Valley Medical Association.

The officers elected at the 30th Annual Meeting of the Mississippi Valley Medical Association, held at Cincinnati, O., October 11-13, are as follows:

President, Bransford Lewis, M. D., St. Louis; First Vice-President, Frank Parsons Norbury, M. D., Jacksonville, Ill.; Second Vice-President, J. H. Carstens, M. D., Detroit, Mich.; Secretary, Henry Enos Tuley, M. D., Louisville, Ky.; Assistant Secretary, John F. Barnhill, M. D., Indianapolis, Ind.; Treasurer, S. C. Stanton, M. D., Chicago, Ill.

Next place of meeting Indianapolis, Ind., October, 1905.

HENRY ENOS TULEY, Secretary.

American Public Health Association.

The thirty-second annual meeting of this Association will be held at Havana, Cuba, January 9-13, 1905. The President of the Association is Dr. Carlos J. Finlay, Havana, and the Secretary is Dr. Charles O. Probst, Columbus, Ohio.

The Arkansas Medical Society, on June 15th, commenced the publication of a monthly bulletin in a form that is rather unique. It contains no scientific papers, and is intended to be only a sort of news distributor to the members of the society. Official notices, comment on pertinent questions and things of that sort go to make up the *Bulletin*, and it ought to prove a very welcome institution to Arkansas physicians.